

ACC NEWS



President's Page: A Cardiology Summit: The ACC and the Subspecialty Societies

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"The Age of Balkanization" was the cover article in *Commentary* several months ago. Patrick Glynn of the American Enterprise Institute wrote, "In almost every major nation, and in almost every walk of life the overriding political reality today is that of increasing social separatism and fragmentation." Although his focus was political and social, Glynn's observations on separation and fragmentation apply equally well to the state of medicine today.

In the changing world of medicine, as in the changing social and political order among nations, fragmentation and separatism, often undesirable, have come about through progress. The end to the Cold War and the overthrow of communism paradoxically have unleashed long dormant ethnic and nationalistic energies now expressed in violence. In medicine, progress and expanding knowledge inevitably have led to specialization and subspecialization. These scientific advances are comparable in magnitude and significance to worldwide political progress toward democracy and away from authoritarian rule.

Fortunately, analogy goes only so far. The fragmentation and separatism in medicine are peaceful, not violent. Cardiology, once thought of as a subspecialty, now has several distinct and vibrant subspecialties.

The American College of Cardiology, recognizing a commonality of interests and goals, convened what we euphemistically called a "Cardiology Summit." This was held at Heart House on September 21, 1993.

At this summit, elected officers and key staff members of the College met with their counterparts from the American Society of Echocardiography, the American Society of Nuclear Cardiology, the North American Society of Pacing and Electrophysiology (NASPE) and the Society for Cardiac Angiography and Interventions. Representing the echocardiographers were Jules Gardin, president and Alan Pearl-

man, president-elect. The nuclear cardiologists were represented by Jeffrey Leppo, president and Frans Wackers, president-elect, and NASPE by Nora Goldschlager, president-elect and Dan Nicholson, government relations liaison. George Vetrovec, president and David Clark, president-elect represented the angiographers. I was present for the ACC with Dan Ulliot, president-elect and J. Ward Kennedy, vice-president.

Our purpose at the summit was to create a milieu in which to work together and understand each other. The first order of business was an overview of the environment of cardiovascular medicine today from the vantage point of the American College of Cardiology. Following this, the subspecialty leaders presented each society's structure and current initiatives. It soon became obvious that the objectives of each organization were similar. Primary among these were education and devotion to quality and integrity of practice—tasks made more difficult in the increasingly regulated climate of health care reform.

Unity and cooperation in the House of Cardiology was the theme of the summit meeting. This was put very well by one society president who said, "We are facing many common tasks related to the practice of cardiology and it is critical that as much as possible we respond with one voice." Among mutually agreed areas for joint effort were outcome analysis, guideline development and the assurance of competency and quality. Leaders of the nuclear and echo societies stressed the importance of quality and effectiveness rather than "launching an echo-nuclear scan war." Another comment: "Everything in medicine today is working toward dividing and conquering physician groups. . . We in cardiology need to work together."

The subspecialty summit evaluation forms were returned by everyone who attended. There was unanimous enthusiasm that the meetings were useful and the consensus was that they should be continued. While the subspecialty groups were familiar with the ACC, they had not known a great deal

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about each other. Representatives of the College, in turn, became informed as never before about the subspecialty groups. As one president put it, "I believe that our goals have considerable overlap, and that there is clearly room for all of us to thrive together. Indeed, it is no coincidence that all subspecialty society presidents and presidents-elect are also fellows of the College, although this is not a prerequisite for election."

The subspecialty societies have a great deal to contribute to the effectiveness of the American College of Cardiology. To this end it was proposed and agreed that each society will nominate three candidates for membership in the ACC committee appropriate to that subspecialty group. From these three members the College President will appoint one to serve as an ACC committee member. In addition, each president of the subspecialty societies participating in the summit will be a member of the ACC health care reform committee which will help define our response to the Clinton health care initiatives. These appointments will improve our liaison and coordinate activities between the College and each subspecialty society.

There is historic precedent for effective cooperative achievement between the College and the subspecialties. In the summer of 1993, key elected and staff leaders of the College, the American Society of Echocardiography and the Society for Angiography and Interventions met in Baltimore with members of the Health Care Financing Administration. We made joint presentations regarding proposed reductions in reimbursement in echocardiography and in office over-

head calculations for procedures done outside the office. HCFA officials listened and were receptive to an exchange of ideas with us.

Two years ago the College convened committees working together with two of the subspecialty societies. Joint proposals were made. While all of our recommendations were not accepted, some were. It is doubtful that this could have been accomplished by any society working alone. This was corroborated on one occasion when separate proposals were made by the College and a subspecialty group. Neither was accepted.

The times call for medical leadership as never before. Medical institutions, and the very practice of medicine, are in a state of dynamic if not explosive change. Cardiologists and our cardiologic societies are challenged to maintain the integrity of our practice and our science, and to fulfill our responsibilities to the patients whom we serve. It is for these reasons that the Cardiology Summit was convened. We have made a beginning. What we do now will determine whether we are successful.

It is appropriate to recall what Benjamin Franklin said in 1776, "We must all hang together, or assuredly we shall hang separately." As we heed Franklin's admonition, I trust our enterprise will be as successful as his.

Reference

Glynn P. The age of balkanization. Commentary, July 1993:21-4.